P14000091333

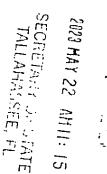
(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phone	- #)
PICK-UP	☐ WAIT	MAIL
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ertified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: LOS ARBELOS C	AFETERIA INC.	<u></u>				
	BER: P19000091333						
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.					
Please return all corre	espondence concerning this ma	tter to the following:					
	LEYIAN ARBELO						
		Name of Contact Person	1				
	LOS ARBELOW CAFETER	IA INC.					
		Firm/ Company					
	2881 SW 134 AVENUE						
		Address					
	MIAMI, FL 33175						
		City/ State and Zip Code	2				
			_				
	leyanarbelo@gmail.com						
	E-mail address: (to be used for future annual report notification)						
For further information	For further information concerning this matter, please call:						
LEYIAN ARBELO	LEYIAN ARBELO 786 678-6911						
Name	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:				
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
	lling Address		Address				
	endment Section	Amendment Section Division of Corporations					
Division of Corporations P.O. Box 6327		The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

2023 HAY 22 AMII: 15

Articles of Amendment to Articles of Incorporation of

ī	20	A D	DEL	20	CA	CCT	EDIA	INC
ı	117	ÆΚ	B I I	() >		rr I	r K L A	HINT.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corpora	tion as currently	filed with the Florida De	ot. of State)	
P19000091333				
(Docu	ument Number of C	Corporation (if known)	·	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this FI	orida Profit Corporation :	adopts the following amendm	nent(s) to
A. If amending name, enter the new name of the	corporation:			
		<u>.</u>	The ne	
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	c," or "Co". A p			
B. Enter new principal office address, if applicab	ole:			(J)
(Principal office address <u>MUST BE A STREET AU</u>	ODRESS)			코양
				一長節
				三氢
C. Enter new mailing address, if applicable:				- だら つ
(Mailing address MAY BE A POST OFFICE B	1 <i>0X</i>)			$\frac{1}{m}$
				71.53
				一点
 If amending the registered agent and/or regist new registered agent and/or the new registered 		ss in Florida, enter the na	me of the	
Name of New Registered Agent				
	(Florida street	t addrage)		
	proma siree.	and casy		
New Registered Office Address:		itv)	_, Florida	
	10	7	(inp conc)	
New Registered Agent's Signature, if changing Re				
hereby accept the appointment as registered agent.	I am familiar wit	h and accept the obligatio	ns of the position,	
Sign	nature of New Reg	istered Agent, if changing	-	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

_ Remove

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	LIANNY ARZOLA BARRETO	2881 SW 134 AVENUE	
Add	- -		MIAMI, FL 33175	
X Remove				
2) Change				SE
Add				OR!
Remove Change				SECRETAK: JA TALLAHASSE
Add				SSE
Remove				# 51/ 11.5
4) Change				AIE
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				

2023 MAY 22 AM II: 15

JANUARY 1, 2023	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
JANUARY 1, 2023	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	ction and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by:"	
(voting group)	
(Tolling growp)	
5/15/2023 Dated	
Dated	
$\int \Delta a -$	
Signature LHK	SECRETY TALLA
(By a director, president or other officer - if directors or officers have not be	□ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
selected, by an incorporator - if in the hands of a receiver, trustee, or other of	ount 근존 크
appointed fiduciary by that fiduciary)	SET AX
LEYIAN ARBELO	Y 22 AMI TARY OF AHASSEE
(Typed or printed name of person signing)	<u> </u>
PRESIDENT	AM II: I OF STAI SEE, FL
(Title of person signing)	FAT IS